

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P28702

1. Entity Name
REEDS JEWELERS OF NORTH CAROLINA, INC.



Principal Place of Business
**2525 S. 17TH STREET
P.O. BOX 2229
WILMINGTON, NC 28402**

Mailing Address
**2525 S. 17TH STREET
P.O. BOX 2229
WILMINGTON, NC 28402**



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1441706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V METZNER, ALLAN E 2525 S. 17TH STREET WILMINGTON, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, EDWARD L 2525 S. 17TH STREET WILMINGTON, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMMER, ALAN M 2525 S. 17TH STREET WILMINGTON, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIMMER, ROBERTA G. 2525 S. 17TH STREET WILMINGTON, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROUSE, JAMES R. 2525 S. 17TH STREET WILMINGTON, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000541127
05/10/06-80045-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allan E Metzner 3/17/06

... Date

910 350 3135

Daytime Phone #